

Copy

Certification under 37 CFR 1.8b

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the U.S. Patent and Trademark Office to Fax No. (703)872-9306 on November 29, 2004.

Brian W. Hameder
Name

Brian W. Hameder
Signature

DOCKET: CU-2571

Resent 11/30/04. No Auto-Confirmation was previously received.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: ANZA AB

SERIAL NO: 09/868,526

FILED: June 19, 2001

TITLE: TOOL HANDLE

BOX PCT

Attention: PCT Legal Office

THE ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

RECEIVED
CENTRAL FAX CENTER

) Group Art Unit: NOV 30 2004

) Examiner:

RECEIVED

6 JAN 2005

Legal Staff
International Division

RENEWED PETITION UNDER 37 CFR 1.47 AND PETITION TO REVIVE**UNINTENTIONALLY ABANDONED APPLICATION UNDER 37 CFR 1.137(b)**

Sir:

This is in response to the Notification of Missing Requirements dated October 5, 2001 and the subsequent Decisions Under 37 CFR 1.47 dismissing the Applicant's petition and having a shortened statutory period for reply set to expire on December 15, 2003.

Previously filed with the Applicant's petition dated April 4, 2002 was the Combined Declaration and Power of Attorney in compliance with 37 CFR 1.497(a) and (b), with the \$130 surcharge required under 37 CFR 1.492(e). The Combined Declaration and Power of Attorney was only signed by one of the two inventors, Stefan Carlsson. Of the two inventors, Stefan Carlsson is now deceased and Jack Chalas is a non-signing inventor. The assignee ANZA AB also submitted a U.S. assignment signed

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by the deceased inventor Stephan Carlsson, and an assignment of worldwide rights signed by the non-signing inventor, Jack Chalas.

Also submitted therewith was a statement of facts in support of filing on behalf of the non-signing inventor, a statement establishing proprietary interest by a person signing on behalf of the non-signing inventor, and an added page to the Combined Declaration and Power of Attorney for the signature by a person with sufficient proprietary interest where no inventor is available to sign and on behalf of the inventor who refuses to sign or cannot be reached.

Also previously submitted were two additional "Details of refusal of the non-signing inventor to sign application papers". These are submitted to correct the previous deficiencies that the Assignee should:

- 1) Indicate on the Details of Refusal that the application papers were sent to Mr. Chalas at his last known address;
- 2) Provide copies of the certified mail return receipts; and
- 3) Indicate the person who carried out each of the enumerated actions in the Details of Refusal.

In the Decisions under 37 CFR 1.47 the Patent Office states that the Declaration filed April 15, 2002 is not acceptable because it is unclear whether the deceased inventor, Stephan Carlsson, signed the Declaration on his own behalf only, or on behalf of inventor Jack Chalas who refuses to sign. The Patent Office states that it now requires the legal representative to sign the oath or declaration on behalf of both inventors.

The Applicant has now obtained the signed Declaration by the legal representative of Stephan Carlsson, on behalf of this deceased inventor, and on behalf of the inventor Jack Chalas who refuses to sign. The Applicant was previously unable to have the legal representative of Stephan Carlsson sign the required declaration, which resulted in the delay and abandonment of the application.

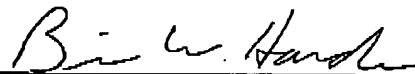
The Commissioner is authorized to charge our Deposit Account No. 12-0400 in the amount of \$1370.00 to cover the fee for the Petition to Revive this Application Abandoned Unintentionally, or any required fees in excess of the amount submitted, or credit any overpayment.

In view of the above response, Applicant considers this renewed petition to satisfy all the requirements necessary for submission under 35 USC §371.

Respectfully submitted,

November 29, 2004

Date


Attorney for Applicants
Brian W. Hameder
c/o Ladas & Parry
224 South Michigan Avenue
Chicago, Illinois 60604
(312) 427-1300
Reg. No. 45613

PTO/SS/64 (09-04)

Approved for use through 7/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT
ABANDONED UNINTENTIONALLY UNDER 37 CFR 1.137(b)**

Docket Number (Optional)

CU-2571

First named inventor: Stephan CARLSON et al.

Application No.: 09/868,526

Art Unit: Not Assigned

Filed: June 19, 2001

Examiner: Not Assigned

Title: Tool Handle

Attention: Office of Petitions
Mail Stop Petition
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450
 FAX (703) 872-9306

NOTE: If information or assistance is needed in completing this form, please contact Petitions
 Information at (703) 305-9282.

The above-identified application became abandoned for failure to file a timely and proper reply to a notice or action by the United States Patent and Trademark Office. The date of abandonment is the day after the expiration date of the period set for reply in the office notice or action plus an extensions of time actually obtained.

APPLICANT HEREBY PETITIONS FOR REVIVAL OF THIS APPLICATION

NOTE: A grantable petition requires the following items:

- (1) Petition fee;
- (2) Reply and/or issue fee;
- (3) Terminal disclaimer with disclaimer fee - required for all utility and plant applications filed before June 8, 1995; and for all design applications; and
- (4) Statement that the entire delay was unintentional.

1. Petition fee
☐ Small entity-fee \$ _____ (37 CFR 1.17(m)). Applicant claims small entity status. See 37 CFR 1.27.

☒ Other than small entity - fee \$ 1370.00 (37 CFR 1.17(m))
2. Reply and/or fee

A. The reply and/or fee to the above-noted Office action in
 the form of a Declaration executed by deceased inventor _____ (identify type of reply):

- ☐ has been filed previously on _____
☒ is enclosed herewith.

B. The issue fee and publication fee (if applicable) of \$ _____.

- ☐ has been paid previously on _____
☐ is enclosed herewith.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.137(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/64 (09-04)
 Approved for use through 07/31/2008. OMB 0651-0031
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

3. Terminal disclaimer with disclaimer fee

☒ Since this utility/plant application was filed on or after June 8, 1995, no terminal disclaimer is required.

☐ A terminal disclaimer (and disclaimer fee (37 CFR 1.20(d)) of \$ _____ for a small entity or \$ _____ for other than a small entity) disclaiming the required period of time is enclosed herewith (see PTO/SB/63).

4. STATEMENT: The entire delay in filing the required reply from the due date for the required reply until the filing of a grantable petition under 37 CFR 1.137(b) was unintentional. [NOTE: The United States Patent and Trademark Office may require additional information if there is a question as to whether either the abandonment or the delay in filing a petition under 37 CFR 1.137(b) was unintentional (MPEP 711.03(c), subsections (III)(C) and (D)).]

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Brian W. Hameder
 Signature

November 29, 2004

Date

Brian W. Hameder

Typed or printed name

451,13

Registration Number, if applicable

c/o Ladas & Parry LLP

Address

312-427-1300

Telephone Number

224 South Michigan Avenue, Chicago, IL 60604

Address

Enclosures: ☒ Fee Payment

☒ Reply

☐ Terminal Disclaimer Form

☐ Additional sheets containing statements establishing unintentional delay

☐ Other: _____

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

☐ Deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

☒ Transmitted by facsimile on the date shown below to the United States Patent and Trademark Office as (703) 872-9306.

November 29, 2004

Date

Brian W. Hameder
 Signature

Brian W. Hameder

Typed or printed name of person signing certificate

Practitioner's Docket No. CU-2571**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re application of: Stefan CARLSSON et al.For: TOOL HANDLE

the specification which:

(check and complete (a), (b) or (c))

- (a) ☐ is attached hereto.
- (b) ☒ was filed on June 19, 2001 as Application No. 09 / 868, 526 and was amended on _____ (if applicable).
- (c) ☐ was described and claimed in International Application No. _____ filed on _____ and all amended on _____ (if any).

PROOF OF AUTHORITY OF ADMINISTRATOR(TRIX), EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE(S)

The declaration for the above identified application was signed on behalf of the

☒ deceased☐ incapacitatedInventor Stefan Carlsson

(type or print name of deceased or incapacitated inventor)

by _____

(type or print name(s) of administrator(trix), executor(trix), legal representative(s), or all heirs)

Attached is

(check and complete (d) or (e))

- (d) ☐ a certificate of the clerk of a competent court or the register of wills that the appointment of the signatory is still in force and effect.
- (e) ☒ a certificate from the appropriate court that they are all the heirs and that the estate did not require the appointment of an administrator or that they have the authority corresponding to that of an administrator or heir.

(also check and complete (f) and/or (g), if applicable)

- (f) ☒ The court papers mentioned above are not in English. An English translation of such papers are also attached.

NOTE: The translation need not be sworn or affirmed. MPEP § 409.01(a).

- (g) ☐ A consular officer of the United States has authenticated the signature of the foreign officer attesting to the papers submitted as proof of authority.

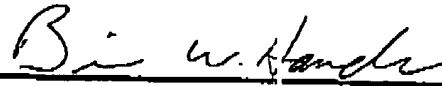
(Proof of Authority of Administrator(trix), Executor(trix) or Legal Representative(s) [1-8]—page 1 of 2)

Date: 11/29/2004

Reg. No. 45613

Tel. No. (312) 427-1300

Customer No. 26530



SIGNATURE OF PRACTITIONER

Brian W. Hamzeder

(Type or print name of practitioner)

c/o Ladas & Parry LLP

P.O. Address

224 South Michigan Avenue

Chicago, IL 60624

(Proof of Authority of Administrator(s), Executor(s) or Legal Representative(s) [1-2]—page 2 of 2)

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

NOTE: Each inventor must be identified by full name, including the family name, and at least one given name without abbreviation together with any other given name or initial, and by his/her residence, post office address and country of citizenship. 37 CFR § 1.63(a)(3).

NOTE: Inventors may execute separate declarations/oaths provided each declaration/oath sets forth all the inventors. Section 1.63(a)(3) requires that a declaration/oath, inter alia, identify each inventor and prohibits the execution of separate declarations/oaths which each sets forth only the name of the executing inventor. 62 Fed. Reg. 53,131, 53,142, October 10, 1997.

Full name of sole or first inventor

Stefan
(GIVEN NAME) deceased (MIDDLE INITIAL OR NAME) CARLSSON FAMILY (OR LAST NAME)
 Inventor's signature see added page signed by legal representative
 Date _____ Country of Citizenship Sweden
 Residence Bankeryd, Sweden
 Post Office Address Sioakravagen 69, SE-564 31
Bankeryd, Sweden

Full name of second joint inventor, if any

Jacek
(GIVEN NAME) Non-signing Inventor (MIDDLE INITIAL OR NAME) CHALAS FAMILY (OR LAST NAME)
 Inventor's signature see added page signed by legal representative of
 Date Stefan CARLSSON Country of Citizenship Sweden
 Residence Malmo, Sweden
 Post Office Address Soderasgatan 141, SE-216 17 Malmo, Sweden

Full name of third joint inventor, if any

(GIVEN NAME) _____ (MIDDLE INITIAL OR NAME) _____ FAMILY (OR LAST NAME)
 Inventor's signature _____
 Date _____ Country of Citizenship _____
 Residence _____
 Post Office Address _____

(Rel.88-10/01 Pub.605)

FORM 1-1

1-11

(check proper box(es) for any of the following added page(s)
that form a part of this declaration)

- ☐ **Signature** for fourth and subsequent joint inventors. *Number of pages added* _____

* * *

- ☒ **Signature** by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* 1

* * *

- ☒ **Signature** for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* 1

* * *

- ☐ Added page for **signature** by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)

* * *

- ☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

☐ Number of pages added _____

* * *

- ☐ Authorization of practitioner(s) to accept and follow instructions from representative.

* * *

(if no further pages form a part of this Declaration,
then end this Declaration with this page and check the following item)

- ☐ **This declaration ends with this page.**

(Declaration and Power of Attorney [1-1] ~~pg. 1-11~~)

Practitioner's Docket No. CU-2571

**ADDED PAGE TO COMBINED DECLARATION
AND POWER OF ATTORNEY FOR SIGNATURE BY JOINT INVENTOR(S)
ON BEHALF OF NONSIGNING INVENTOR(S) WHO REFUSE(S)
TO SIGN OR CANNOT BE REACHED (37 CFR 1.47(a))**

WARNING: "37 C.F.R. § 1.47(a) and 35 U.S.C. § 118 § 2 require all available joint inventors to file an application 'on behalf' of themselves and on behalf of a joint inventor who 'cannot' be found or reached after diligent effort" "or who refuses to 'join in an application.'" M.P.E.P. § 409.03(a), 6th ed., rev. 3 (emphasis added). See also 62 Fed. Reg. 63,131, 53,137, 203 O.G. 68 (Oct 10, 1997).

I. I am an above named joint inventor and have signed this declaration on my own behalf and also sign this declaration under 37 CFR 1.47(a) on behalf of the nonsigning joint inventor, particulars for whom are:

Full name of (first, second, etc.) Jacek Chalas
nonsigning inventor who

- ☒ refuses to sign
☐ cannot be found or reached

NOTE: The name of the nonsigning inventor(s) should preferably also be filled in at the appropriate prior space in the declaration, adding the words "nonsigning inventor-completed on added page."

Sweden

Country of Citizenship of nonsigning inventor

Soderasgatan 141, SE-216 17 Malmo, Sweden

Last known address of nonsigning inventor

NOTE: Ordinarily, the last known address will be the last known residence of the nonsigning inventor(s). A post office box is insufficient. Other addresses at which the nonsigning inventor(s) may be reached should also be given. These can best be given in the Statement Of Facts In Support Of Filing On Behalf Of Omitted Inventor. MPEP § 409.03(e), 6th ed.

II. Accompanying this declaration is:

(1) A STATEMENT OF FACTS IN SUPPORT OF FILING ON BEHALF OF NONSIGNING INVENTOR (previously submitted)

(2) THE PETITION FEE OF \$130.00 (37 CFR 5.170) (previously submitted)

Irene Elvingsson - Carlsson

(type or print name of joint inventor
signing on behalf of nonsigning
inventor)


Signature

legal representative of

Stefan Carlsson - deceased

(Added Page to Combined Declaration and Power of Attorney For Signature By One Joint Inventor on Behalf of Nonsigning Inventor(s) Who Refuse(s) to Sign or Cannot Be Reached [1-4]—page 1 of 1)

Practitioner's Docket No. CU-2571

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF
ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX)
OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR
INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)**

Iréne Elvingsson-Carlsson

I, (type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)
Sweden
hereby declare that I am a citizen of Sweden
residing at Sjoakravagen 69, SE-564 31 Bankeryd, Sweden

and that I am executing and signing the declaration to which this is attached as

(check one):

- ☐ the administrator(trix) of
☐ executor(trix) of the last will and testament of
☒ legal representative (or heirs) of

Stefan Carlsson (deceased)

Full name of (first, second etc.) deceased or incapacitated inventor

Sweden

Country of citizenship of deceased or incapacitated inventor

Bankeryd, Sweden

Residence of deceased or incapacitated inventor

Sjoakravagen 69, SE-564 31 Bankeryd, Sweden

Post Office Address of deceased or incapacitated inventor

NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: _____

Iréne Elvingsson-Carlsson
Signature of administrator(trix), executor(trix)
legal representative (or all heirs)

NOTE: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent. 37 CFR 1.44.

NOTE: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sign. MPEP § 409.01(a), 6th ed., rev. 3.

(Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix), Executor(trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 CFR 1.42 and 1.43) [1-3])

Skattemyndigheten

Bouppteckning

Förrättningsdag/-ar
2002-02-27

2002-06-21

☐ Tilläggsbouppteckning
Ärendenummer

Uppgifter om den avlidne

Namn och adress Carlsson, Stefan		Personnummer 611106-2458
Sjöåkravägen 69		Civilstånd Gift
564 31 Bankeryd		Dödsdag 2011-11-25
Folkbokföringsort Bankeryd / Jönköping	Medborgarskap (om ej svenskt) Svensk	

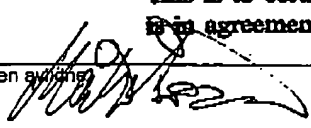
Efterlevande make, sambo eller registrerad partner

Namn och adress Elvingsson-Carlsson, Iréne		Personnummer 661629-3303
Sjöåkravägen 69 564 31 Bankeryd		<input checked="" type="checkbox"/> Dödsbodeläggare
Släktskap/relation till den avlidne Gift med den avlidne		<input type="checkbox"/> Efterarvinge <input checked="" type="checkbox"/> Närvaro
		<input type="checkbox"/> Kallelsebevis <input type="checkbox"/> Fullmakt

Övriga personer som ska vara kallade till bouppteckningen

Namn och adress Carlsson, Adam		Personnummer 9511505-6458
Sjöåkravägen 69, 564 31 Bankeryd		<input type="checkbox"/> Dödsbodeläggare
Släktskap/relation till den avlidne Barn, son		<input checked="" type="checkbox"/> Efterarvinge <input type="checkbox"/> Närvaro
		<input type="checkbox"/> Kallelsebevis <input type="checkbox"/> Fullmakt

Namn och adress Carlsson, Simon		Personnummer 981617-5510
Sjöåkravägen 69, 564 31 Bankeryd		<input type="checkbox"/> Dödsbodeläggare
Släktskap/relation till den avlidne Barn, son		<input checked="" type="checkbox"/> Efterarvinge <input type="checkbox"/> Närvaro
		<input type="checkbox"/> Kallelsebevis <input type="checkbox"/> Fullmakt

Namn och adress This is to certify that the present copy is in agreement with the original		Personnummer
 <i>Simon Carlsson</i>		<input type="checkbox"/> Dödsbodeläggare
Släktskap/relation till den avlidne		<input type="checkbox"/> Efterarvinge <input type="checkbox"/> Närvaro
		<input type="checkbox"/> Kallelsebevis <input type="checkbox"/> Fullmakt
<input type="checkbox"/> Ytterligare kallade personer finns (redovisas på bilaga)		

Ingivare

Namn Sture Källvant HB	Telefonnummer (dagtid) 036- 37 75 80
Adress Mogatan 32	Mobiltelefon 0708-96 07 20
E-postadress	

- Translation from Swedish -

Swedish Tax Authority

Estate Inventory
Date(s) of execution

27 February 2002

☐ Additional estate inventory
Reg. No.

21 June 2002

The deceased's particulars

Name and address Carlsson, Stefan Sjöåkravägen 69 564 31 Bankeryd	Civic reg. No. 611106-2458
	Civil status Married
	Date of death 25 November 2001
Residence / Municipal Bankeryd / Jönköping	Citizenship (if not Swedish) Swedish

Surviving spouse, cohabite, registered partner

Name and address Elvingsson-Carlsson, Iréne Sjöåkravägen 69, 564 31 Bankeryd	Civic reg. No. 680829-3303
	<input checked="" type="checkbox"/> Beneficiary
Kinship / relationship to the deceased Married to the deceased	<input type="checkbox"/> Heir <input checked="" type="checkbox"/> Attendance
	<input type="checkbox"/> Proof of summons <input type="checkbox"/> Authorization

Other persons attending the estate inventory

Name and address Carlsson, Adam Sjöåkravägen 69, 564 31 Bankeryd	Civic reg. No. 950505-6458
	<input type="checkbox"/> Beneficiary
Kinship / relationship to the deceased Child, son	<input checked="" type="checkbox"/> Heir <input type="checkbox"/> Attendance
	<input type="checkbox"/> Proof of summons <input type="checkbox"/> Authorization

Name and address Carlsson, Simon Sjöåkravägen 69, 564 31 Bankeryd	Civic reg. No. 980617-5510
	<input type="checkbox"/> Beneficiary
Kinship / relationship to the deceased Child, son	<input checked="" type="checkbox"/> Heir <input type="checkbox"/> Attendance
	<input type="checkbox"/> Proof of summons <input type="checkbox"/> Authorization

Name and address	Civic reg. No.
	<input type="checkbox"/> Beneficiary
Kinship / relationship to the deceased	<input type="checkbox"/> Heir <input type="checkbox"/> Attendance
	<input type="checkbox"/> Proof of summons <input type="checkbox"/> Authorization

Administrator

Name Sture Källvant HB	Telephone No. (day) 038 - 37 75 80
Address Mogatan 32 564 35 Bankeryd	Mobile No. 0708 - 96 07 20
	E-mail Skhb@swlponet.se